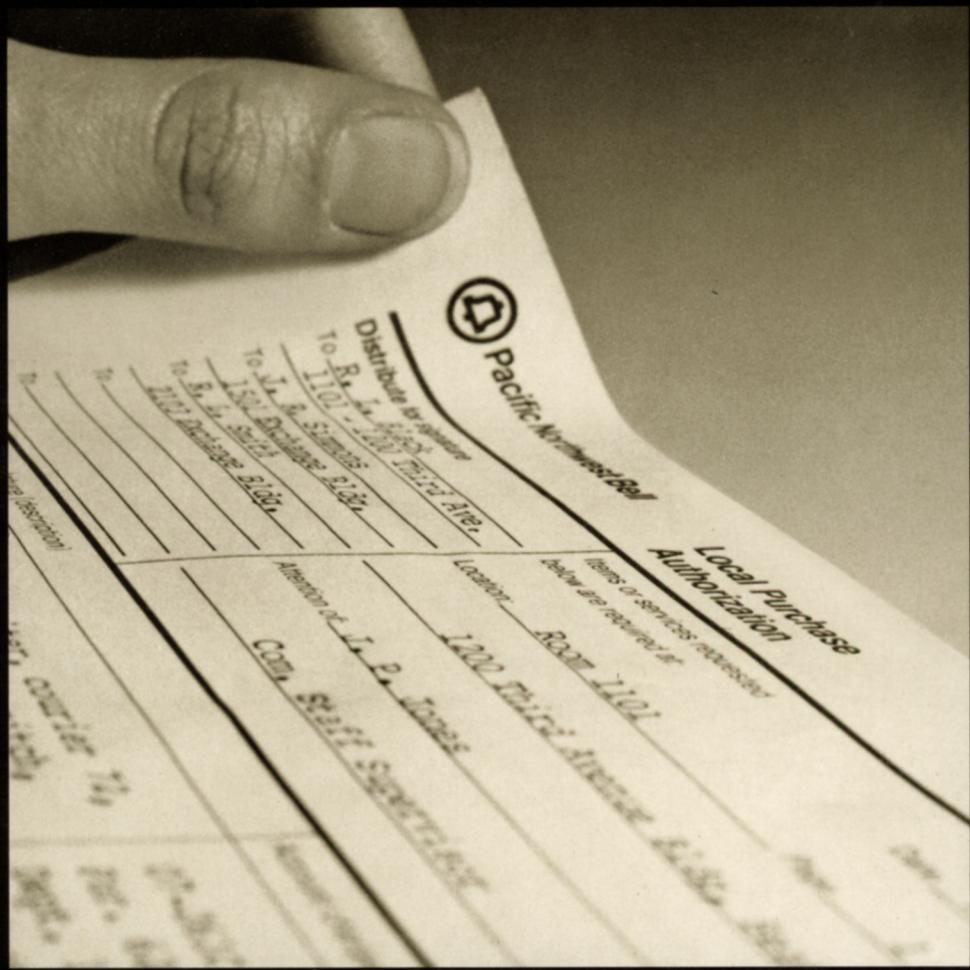
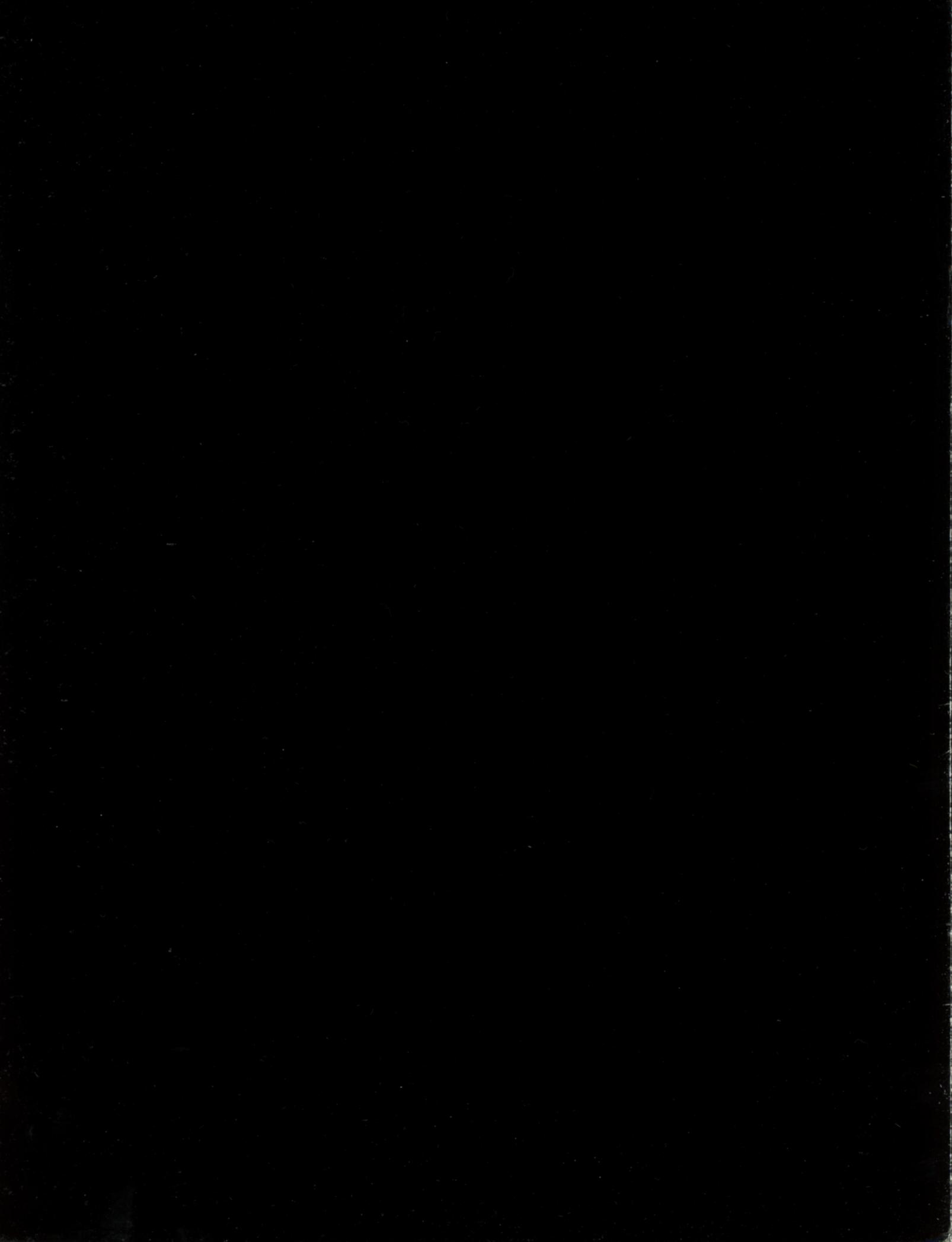


# Bell System Guidelines for Business Forms

## Supplement





## Table of Contents

<b>Introduction</b>	1
<hr/>	
<b>Financial Instruments</b>	2-3
Specimen Check	2
Payroll Draft	3
Coin Telephone Refund Bearer Draft	3
<hr/>	
<b>Residence Customer Bills and Related Forms</b>	4-5
Miscellaneous Bill	5
Treatment Notice	5
<hr/>	
<b>Business Customer Bills and Related Forms</b>	6-9
Semipublic Service Bill	6
Final Statement-Semipublic Service	6
Directory Advertising Bill	7
Special Service Bill	8
Toll Settlement Statement	9
<hr/>	
<b>Internal Forms</b>	10-15
Local Purchase Authorization	10
Supplies Requisition	11
Application for Employment	12
Medical Certificate	13
Report of Accident to Employee	14
Report of Examining Physician	15

## Introduction

This book is presented as a companion to the original edition of "Bell System Guidelines for Business Forms" distributed in 1971. The purpose of the first manual was to demonstrate a new layout and typography format for Bell System business forms, based on ten basic design principles. The recommended system was illustrated in the first manual through the presentation of proposed, typical forms. This supplemental edition utilizes new forms that demonstrate the Bell System design format.

In order to accommodate several of the larger forms, it was necessary to show them in reduced size. The actual size of all items is shown directly below the reproduction.

Copy references to effective utilization of the guideline principles within specific areas of the business forms will be pointed out within this manual. Therefore, it is necessary to first briefly restate these design and production guidelines so the references on the succeeding pages can be more clearly interpreted. A full statement of these principles is available in your original edition of the "Bell System Guidelines for Business Forms."

### General Principles

1. The company signature should appear on every business form in the upper left corner, whenever possible.
2. Identify all forms with a title by placing the left edge of the title at the center line. Almost any size title can be accommodated and graphic uniformity maintained from one form to another.
3. Standardize on one typeface—Helvetica. The typeface selected for the new Bell System graphics is Helvetica.
4. Limit the number of type sizes. Always limit the number of type sizes to the fewest possible.

On most 8½" x 11" forms, general copy is usually 8-point type. More important information, such as captions, is set in 12 or 14-point. Using approved reproduction art, the company logotype should be made equal in size to the title of the form, which may be set up to 18 point.

5. For functional emphasis use a bolder typeface.

The general copy on the demonstration forms is Helvetica Light. Where emphasis is required for certain captions or headings, use Helvetica Medium rather than increase type size.

6. Avoid using all capital letters. Cap and lower-case letters are preferred for captions, phrases and body copy. Where emphasis is required, a bolder face in cap and lower-case is more effective than all caps.

7. Use hairline rules to separate information. For clarity and easy reading, the entries should not be overpowered by the rules surrounding them. Always specify hairline rules for general separation lines—both vertical and horizontal.

8. Use a heavy rule, set in 4-point, to create the Bell System look.

Rules not only separate and organize the information on a business form, they can be useful as a design element. The heavy rule should be used sparingly to separate the different sections of information or to isolate and underscore key copy blocks.

9. Every line of copy and every copy block should follow some vertical alignment. Vertical alignment of copy lines or copy blocks creates the orderly appearance appropriate for a business form.

10. Print forms in contrasting inks. Bell System forms to be completed by typewriter or business machine should be printed in a contrasting color, such as blue. The black of the machine ribbon will then stand out.

Forms to be filled in with pen or pencil should be printed in black ink.

## Financial Instruments

Shown on these facing pages are specimens of checks and payable-through drafts representative of disbursement instruments in current use in the Bell System.

A check (Fig. 1) is an order to a bank to pay on demand a sum of money already on deposit in an account in the bank. A payable-through draft (Fig. 2, Fig. 3) is an order to a company to pay a sum of money upon presentation by a bank through which the instrument has been made payable.

In the Bell System, the payable-through draft is most commonly used for payroll, commission, refund and dividend payments, while the check form is more often used for voucher disbursements.

Here are several basic requirements for the preparation of bank draft instruments.

### 1. Check or Draft Size:

Maximum length and height 8 $\frac{3}{4}$ " x 3 $\frac{2}{3}$ "  
Minimum length and height 6" x 2 $\frac{3}{4}$ "  
Recommended for Bell System use  
7 $\frac{3}{8}$ " x 2 $\frac{7}{8}$ "

### 4. Safety Paper

Use standard Bell System safety paper or paper with safety features showing the Bell System symbol in approved size and spacing.

### 2. Routing Symbols

Must appear at top right area (e.g.  $\frac{1-23}{456}$ )

### 3. Magnetic Ink Character Recognition

(MICR ENCODING)

An area  $\frac{5}{8}$ " wide and extending 6" from the right end along the bottom edge of each check or draft is reserved for inscribing magnetic ink characters.  
(Printers use E-13B type font)

MICR character fields shall be printed as specified in ABA Publication 147R3—  
“The Common Machine Language for Mechanized Check Handling”.



Washington, D.C.

22003

1-23  
456

Voucher Number

Date

To the  
order of

Pay

The Chesapeake & Potomac Telephone Co.

To  
The Riggs National Bank, Washington, D.C.

Authorized Signature

Specimen

1045600231

Fig. 1 Specimen Check (Actual Size 7 $\frac{3}{8}$ " x 2 $\frac{7}{8}$ ")



Fig.2 Payroll Draft (Actual Size 7 $\frac{3}{8}$ "x 2 $\frac{7}{8}$ ")



Fig.3 Coin Telephone Refund Bearer Draft (Actual Size 7 $\frac{3}{8}$ "x 2 $\frac{7}{8}$ ")

## **Residence Customer Bills and Related Forms**

### **Special Note on Customer Bill Design:**

Customer bills and forms carry special significance in the area of corporate identification and public communication because of their exposure to so great a percentage of the consumer population. Under usual circumstances, customer bills and forms would be given extensive presentation in this manual. However, an agreement has recently been reached between the FCC and AT&T that certain items of information should appear on all customers' monthly telephone bills. This means that the present bill designs of most Associated Companies will require copy and design modification to include this information.

An AT&T Interdepartmental Bill Redesign Committee is working with the Companies on this project. Several basic approaches to bill design are now under consideration.

During the first quarter of 1974, the committee will prepare a report on bill redesign and on the information to appear on all bills. In the second quarter of 1974, the committee will prepare an AT&T recommendation for the Bell System standard bill. The new customer bill format will be illustrated and described in detail in a special business forms supplement to be issued in the second quarter of 1974.

Included in this manual are two customer bill forms that will not necessarily be affected by the new copy requirements and design format—"Miscellaneous Bill" and "Treatment Notice." These are shown and described on the facing page for reference to their utilization of the recommended design principles.

Although Figure 4, "Miscellaneous Bill" is a relatively simple form, it points out excellent use of the signature, careful vertical alignment and strong, bold rules to divide copy areas.

Figure 5, "Treatment notice" is given a pleasing but attention-commanding appearance through the use of bold rules. Since this document is generally one of a series of treatment notices, it is important that the headline which sets the tone, the amount due, and the company name be given clear prominence.

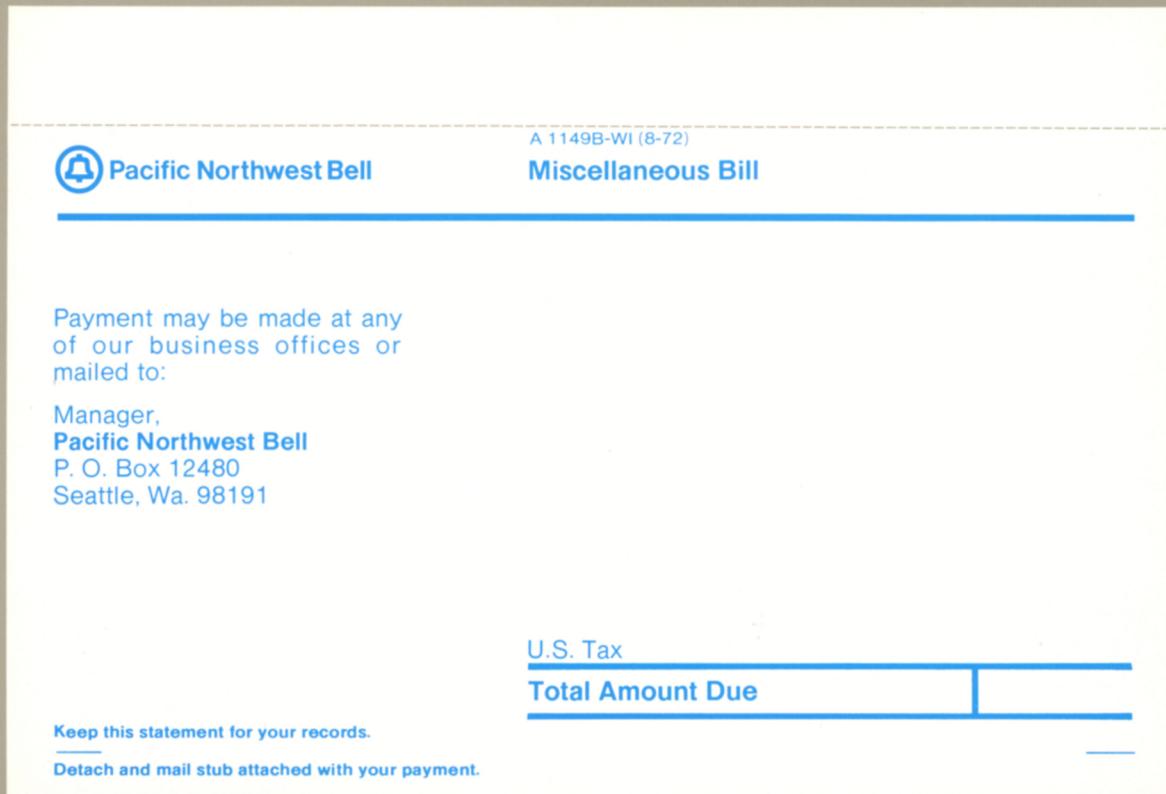


Fig. 4 Miscellaneous Bill (Actual Size 6 $\frac{1}{8}$ "x 4 $\frac{1}{8}$ ")

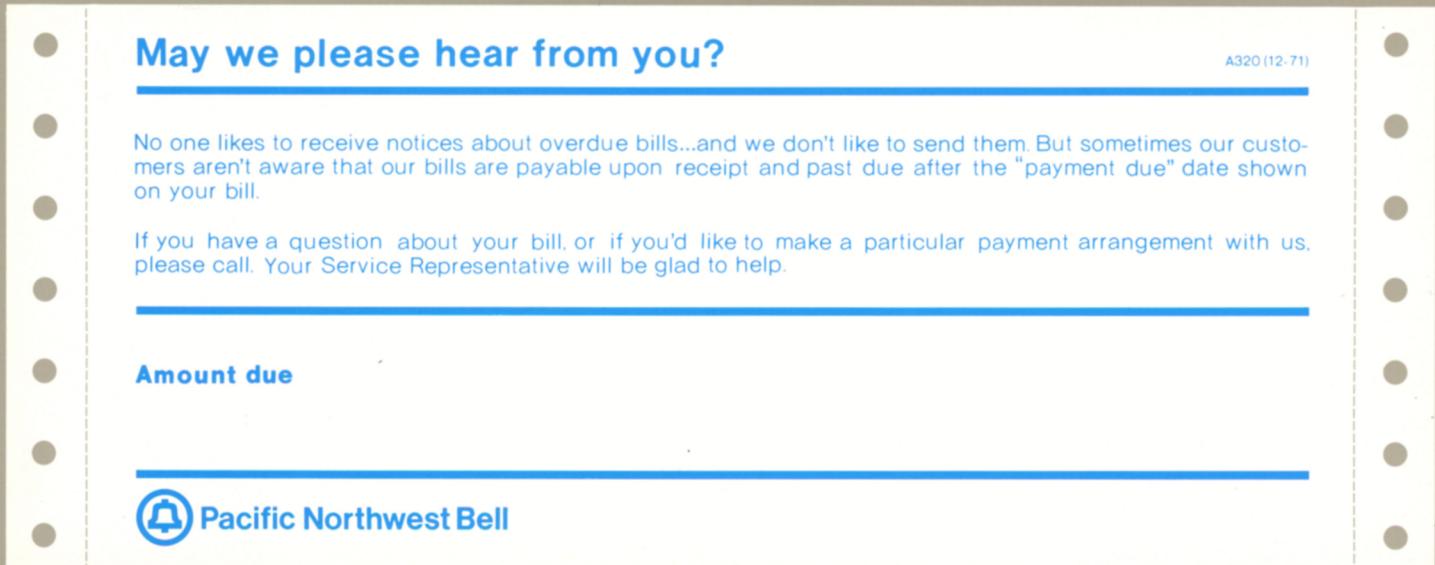


Fig. 5 Treatment Notice (Actual Size 8 $\frac{7}{8}$ "x 3 $\frac{1}{2}$ ")

## Business Customer Bills And Related Forms

The documents reproduced in this section are noteworthy because they demonstrate a high degree of orderliness plus an efficient organization of information into carefully defined spaces. The use of 4-point bold rules is particularly effective when used to separate basic groups of information. Notice how clearly the principle bodies of information are defined on these forms.

Figures 6 and 7 show relatively small, simple forms that exemplify the Bell System look—the symbol is in the upper left corner, the identifying title is at the center line, the type sizes are held to a minimum and good use of 4-point bold rules are employed—all of which contribute to excellent visual and functional effectiveness.



**Pacific Northwest Bell**

**Semipublic Service Bill**

This bill is for **Semipublic Service**

Balance from Last Bill (*Deduct if Paid*) \_\_\_\_\_

To Pay By Mail  
Please Enclose  
**This Stub . . . .**  
♦ *Detach Here*

Semipublic

Bal

Other Charges and Credits (*List Enclosed*) \_\_\_\_\_

Directory Service \_\_\_\_\_  
Monthly Service Charge (*Incl. U.S. Tax of* \_\_\_\_\_)

(*Total includes City Tax of* \_\_\_\_\_)      Total →

Please Keep This Portion For Your Record

Fig. 6 Semipublic Service Bill (Actual Size 8½" x 3½")



**Pacific Northwest Bell**

MH24 (4-72)

**Final Statement—Semipublic Service**

F

Other charges & credits (*List enclosed*) \_\_\_\_\_

Balance from last bill (*Deduct if paid*) \_\_\_\_\_

**Total Amount Due** \_\_\_\_\_

Fig. 7 Final Statement—Semipublic Service (Actual Size 6½" x 4½")

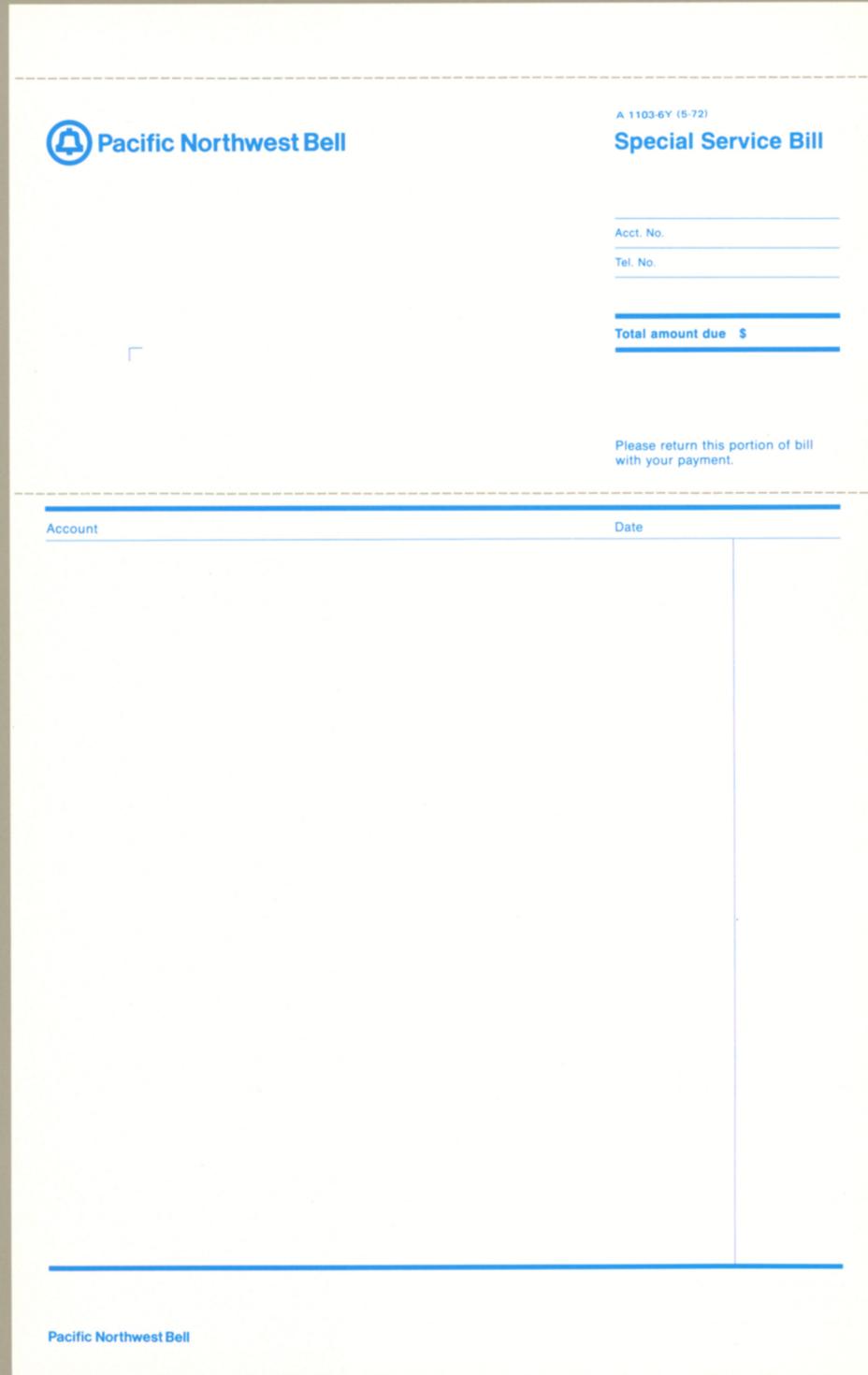
This more complex form, Directory Advertising Bill (Fig. 8), shows an apparent benefit resulting from the application of the Bell System Design Guidelines. Following the General Principle No. 9, the vertical alignment of elements is well coordinated, the bars created by the 4-point rules organize the material into subject groups and the hairline rules provide good separation of information and easier comprehension of the printed material. The use of a lighter typeface—Helvetica Light—for

headings and the incorporation of the bolder Helvetica Medium for titles and captions heightens the emphasis directed to various elements.

Careful consideration must be given in the preparation of business forms of this type that they must be designed to comfortably accommodate typewriter spacing. The typist should not be required to repeatedly disengage the platen knob on the typewriter in order to utilize the pre-spaced sections of a form.

Fig. 8 Directory Advertising Bill (Actual Size 8½" x 11½")

The Special Service Bill (Fig. 9) is also an outstanding example of Design Principle No. 9: "Every line of copy should follow some vertical alignment..." The vertical alignment here gives this bill greater visual simplicity. No copy has been placed on the form at random. The tear-off top section, when returned to the company with the payment, will continue to function efficiently because of its clean organization.



A 1103-6Y (5-72)

**Pacific Northwest Bell**

**Special Service Bill**

Acct. No. \_\_\_\_\_  
Tel. No. \_\_\_\_\_

Total amount due \$ \_\_\_\_\_

Please return this portion of bill with your payment.

Account	Date

Pacific Northwest Bell

Fig.9 Special Service Bill (Actual Size 7<sup>5</sup>/<sub>16</sub>"x 11<sup>5</sup>/<sub>8</sub>")

The Toll Settlement Statement (Fig. 10) illustrates good solutions to a difficult form problem. The recommended typeface, Helvetica, is used in both medium and in light weight for good separation and emphasis. Additionally, the number of type sizes are held to a minimum, and the combination of bold and hairline rules organize the information into easily understood segments.

A 4059-0 (10-71)

**Toll Settlement Statement**

Please mail payment to:

Bell Independent Relations Manager  
Pacific Northwest Bell Telephone Company  
421 S.W. Oak Street  
Portland, Oregon 97204

**Pacific Northwest Bell**

Date

**Total Amount Due \$**

Please return this portion of bill with your payment

Detach here →

Please detach and retain this portion for your records

	Due Pacific Northwest Bell	Due Independent Company
<b>Toll Settlement Period</b> _____, to _____ 19_____		XXX
Gross Revenue Billed (Excluding "Messenger")		XXX
Schedule A Settlement	XXX	
Schedule B Settlement	XXX	
Schedule C Settlement	XXX	
Non-interchanged Traffic		
Messenger Service Charges		
Foreign Exchange—Serving Company		
Foreign Exchange—Local Company		
Charge for Furnishing Toll Statements	Msgs @ \$.0025	XXX
CAMA Trunk		
ANI Settlement		
<b>Total</b>		
<b>Net Settlement This Month</b>		
<b>Balance from Previous Month</b>		
	<b>Total Amount Due</b>	

**Pacific Northwest Bell**

Fig.10 Toll Settlement Statement (Actual Size 7 1/4" x 11 5/8")

## Internal Forms

Although it is shown in reduced size, the Local Purchase Authorization (Fig. 11) clearly demonstrates a form that has been effectively prepared to accommodate both typewritten and handwritten information. The document is reproduced here with the various copy areas filled in to better demonstrate a typical form that is to be expedited through several persons within a Bell System company. This instrument could have become cumbersome to use, but instead it has been prepared with good

visual simplicity through the application of the majority of our basic design guidelines.

Particular attention to two of the basic design criteria has added considerably to the effectiveness of this purchase authorization:

Principle No. 9: The vertical alignments are well coordinated.

Principle No. 10: The form is printed in blue ink, allowing the typewritten specification information to stand out clearly.

Pacific Northwest Bell		Local Purchase Authorization	
		P507 (12-72)	
		Request Number 101	
<b>Distribute for signature</b> <u>To R. L. Black</u> <u>1101 - 1200 Third Ave.</u> <u>To J. R. Simmons</u> <u>1501 Exchange Bldg.</u> <u>To R. L. Smith</u> <u>2103 Exchange Bldg.</u> <u>To _____</u> <u>To _____</u>		Items or services requested below are required at: <u>Date August 1, 1973</u> Location: <u>Room 1101</u> Page <u>1</u> of <u>1</u> pages <u>1200 Third Avenue Bldg, Seattle, Wash.</u> Attention of: <u>J. P. Jones</u> <u>Com. Staff Supervisor</u>	
Quantity	Item nomenclature (description)	Account chargeable	Amount
1 ea.	ABC typewriter, courier 72, Standard Keyboard, 10 pitch, color: Beige  Tab Code 02219  Tag # 134520	97-261C Par. 628 Dept. 1 Estimate 0-2007	\$ 630.00
			<u>33.39</u>
		Total:	\$ 663.39
Supplier's name <u>ABC Office Machine Center</u> Address <u>2200 Sixth Avenue, Seattle, Washington 98121</u>			
<b>Reason for Purchase</b>  New typewriter for one additional Commercial staff typist.		<b>If Capital Item</b> <input type="checkbox"/> Addition <input type="checkbox"/> Replacement Included in <u>3rd</u> qtr. Gen. Eq. Est.  <b>Ordered Date</b> <u>August 1, 1973</u> By _____ Title <u>Staff Supervisor</u>	
<u>Approved Date</u> By _____ Title <u>Division Coml. Mgr.</u>	<u>Approved Date</u> By _____ Title <u>Gen. Coml. Mgr.</u>	<u>Approved Date</u> By _____ Title _____	
Items received or service completed except as shown on back of this form. Date received _____ Signed _____		Suppliers Invoice No _____ Date _____ Amt. of Invoice \$ _____	
<b>Detach from binder—leave carbons in place</b> Reference: C.I. 52 (P.I. 731.00)			

Fig.11 Local Purchase Authorization (Actual Size 8½" x 11½")

It is important to be aware of the use of contrasting printing inks as utilized on the forms presented here. As stated by Principle No. 10, forms to be completed by typewriter or business machine should be printed in a contrasting color, such as blue. Forms to be filled in with pen or pencil should be printed in black ink.

The use of horizontal 4-point bold rules is effective when used to separate key sections of information, as shown on Figure 12, "Supplies Requisition." Notice how clearly the principle bodies of information are defined on this form.

Fig. 12 Supplies Requisition (Actual Size 8½" x 11½")

Personnel Forms, such as the recommended Application for Employment below, present a challenge to the business forms designer because these documents often contain varied elements of information, must accommodate both typewritten and handwritten information—and sometimes are utilized by persons who are not regularly involved with (or might even dislike) filling out forms. Therefore, it is essential that careful thought be given to the organization and visual clarity of the information.

Notice that a functional and visual orderliness has been achieved on the forms in this section because the information has been organized into logical sequences. Since people read from left to right, the continuity of the copy material is organized horizontally. The subdivisions of information are then separated precisely by bold rules that contribute to the organizing process.

The call-out captions on these forms use the Helvetica Light typeface in cap and lower case letters. This makes the captions recessive and allows the filled-in material (typed or handwritten) to stand out more prominently. The captions throughout these specimen forms are in vertical alignment—as are the bold captions in every case. These design criteria are rather easily accomplished and will do much to make these forms less difficult to interpret by their users.

	Pacific Northwest Bell										
<b>Application for Employment</b>											
<p><b>An Equal Opportunity Employer</b> Discrimination because of race, color, religion, sex or national origin is prohibited. Applicants who believe they have been discriminated against may notify the Federal Communications Commission, the Equal Employment Opportunity Commission, or other appropriate agencies.</p>											
<b>Personal Data</b>				Date							
Last Name (Please Print)		First	Middle Initial	Social Security Number				Date of Birth*			
Present Address		Number and Street and Apt. No.			City	State	Zip Code	Phone or Reach No.			
*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.											
<b>Education and Training</b>											
Started Mo. Yr.	Left Mo. Yr.	Name of School (List most recent school first)	Complete Address (Street, City, State, Zip Code)					Grade Completed	Your Last Name at Time (if different)		
<b>Employment History</b>											
Started Mo. Yr.	Left Mo. Yr.	Employer (Include Tel. Co.) (List most recent job first)	Complete Address (Street, City, State, Zip Code)			Phone No. (If Known)	Type of Work	Pay Rate	Reasons for Leaving	Your Last Name at Time (if different)	
<b>Military Service</b>											
Entered Mo. Yr.	Discharge Mo. Yr.	Branch	Type of Work				Type of Discharge			Special Training	
			<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard				
<p>Are you entitled to disability compensation under the laws administered by the U.S. Veterans' Administration for a disability rated at 30 percent or more?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you discharged or released from active duty in the military service of the United States because of a disability incurred or aggravated in the line of duty?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Regulations of the U.S. Department of Labor require certain government contractors to report on the hiring of disabled veterans and veterans of the Vietnam era.</p>											
<p>Have you ever been convicted of a violation of the law, other than minor* traffic violations (*minor—a non-moving violation such as infrequent parking ticket)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Telephone Company has an obligation to its customers to employ those who will maintain the security of its service, and whose contacts with customers will maintain public confidence. To achieve these objectives, the Company may conduct investigations including verification of prior employment history and education. By signing this application you authorize the Company to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.</p>											
Signature of Applicant											
Office Use Only		Date	<input type="checkbox"/> Telephone Interview <input type="checkbox"/> On Premise Interview		Initial Interview by		Evaluation Interview by			Office	Application No.
Job Placement Information:		Job Title	District	Requisition No.	Reporting Location	Starting Wage: \$	Date to Report	Department	Time	EEO	

Fig. 13 Application for Employment (Actual Size 11"x 8½")

Notice also the careful attention to the other design principles that is clearly apparent in this group of Pacific Northwest Bell business forms:

Principle No. 1—Signature in upper left corner.

Principle No. 2—Forms identified with title at center line.

Principle No. 3—One typeface—Helvetica.

Principle No. 4—Type sizes limited.

Principle No. 5—Bolder typeface used for emphasis.

Principle No. 6—Good use of caps and lower case type.

Principle No. 7—Hairline rules used to separate information.

Principle No. 8—4-point bold rules used to create the Bell System look.

Principle No. 9—Vertical alignment of copy elements adhered-to wherever possible.

Principle No. 10—Forms printed in black—to contrast with information filled in with pen or pencil.

● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●

 **Pacific Northwest Bell** **Medical Certificate** B 402 (3-72)

---

(Lines 1-4 to be completed by Employee)

1. To Dr. (Attending Physician) \_\_\_\_\_ Tel. No. \_\_\_\_\_

2. Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

3. Date \_\_\_\_\_ You are hereby authorized to furnish all necessary information to the Company's Medical Department physician during my present illness.

4. If clinic patient: Case No. \_\_\_\_\_ Employee's Signature \_\_\_\_\_

---

(Lines 5-9 to be completed by Department)

5. Employee: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Age \_\_\_\_\_ Years of Service \_\_\_\_\_

6. Residence (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

7. Department \_\_\_\_\_ Employee Headquarters (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

8. Supervisor: Name \_\_\_\_\_ Title \_\_\_\_\_ Tel. No. \_\_\_\_\_

9. Send B 404 to: Name \_\_\_\_\_ Title \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

---

**For use of attending Physician**

The information requested on this form is necessary to determine this employee's eligibility to receive sickness disability benefit payments under the Company Benefit Plan. Continued payments under this Plan cannot be properly approved until this form is completed by you and received by the Medical Director. **Medical Director**

This is not an insurance form

10. Date of onset \_\_\_\_\_ Date of Examination: First \_\_\_\_\_ Most Recent \_\_\_\_\_

11. Diagnosis \_\_\_\_\_

12. Taking into account the type of work this employee does, is the illness sufficient to prevent this employee from working? Yes \_\_\_\_\_ No \_\_\_\_\_

13. In your opinion when will the employee be able to work? Regular work \_\_\_\_\_  
Limited work \_\_\_\_\_

14. If date of return is indefinite or prolonged, please indicate medical reasons for continued absence. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ M.D.

**Important: Please mail promptly to the Medical Director in the attached envelope.**  
Thank you for your assistance.

Please use reverse on this form if additional space is required.

Fig. 14 Medical Certificate (Actual Size 8½" x 11½")



Pacific Northwest Bell

Company Confidential

B-386 (7-71)

## **Report of Accident to Employee**

**Statement of: Injured \*Employee \*Witness**

Name of injured employee

Date accident occurred

### Time of day

Location (State)

County

## Place

### Definite location

When did you notify your supervisor of this accident?

Date

### Hour

Explain in detail all the facts concerning this accident that are known by you. (Use reverse if necessary.)

\*Rule out words not applicable

Signed

### Title

Date

Fig. 15 Report of Accident to Employee (Actual Size 8½" x 11½")

B394 A (6-72)

Company Confidential



### Report of Examining Physician

(For Services at Company Request)

Requested by \_\_\_\_\_  
(Name) \_\_\_\_\_  
(Title) \_\_\_\_\_  
(Tel. No.) \_\_\_\_\_

Mail report to: \_\_\_\_\_  
(Street address) \_\_\_\_\_  
(City) \_\_\_\_\_

Name of Patient \_\_\_\_\_

#### For Use of Examining Physician

Date of Examination \_\_\_\_\_

Please answer on this form all specific questions listed on attached form B 395. Memorandum for Examining Physician, dated \_\_\_\_\_. The "Examining Physician's Copy" is for your file. Forward all other copies to Reports Section, Medical Department, in the enclosed envelope, form B 405.

**Diagnosis:** \_\_\_\_\_  
Comments, Recommendations, Indicated Medical Treatment, etc. (Including significant reports of X-rays and special studies):  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Please use a separate sheet for additional information)

The following should be completed, when pertinent: Is patient disabled? Yes  No

Date disabled employee may return —————— to light duty \_\_\_\_\_  
List specific restrictions \_\_\_\_\_  
— to regular duty \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ M.D.

Examination Physician \_\_\_\_\_

Street Address \_\_\_\_\_

Date \_\_\_\_\_ City \_\_\_\_\_

Fig. 16 Report of Examining Physician (Actual Size 8½" x 11½")

The business forms used by each Bell System Company serve to represent the company to its customers, employees and prospective employees alike. Business forms reflect your company's attitudes towards operational efficiency and its concern for the individual who prepares or receives the document.

The Bell System now has a successfully implemented business forms format that is built around carefully planned and easily utilized guidelines. Every person involved with designing or producing business forms should do so with these guidelines in hand. Copies of these guidelines should also be given to printers to insure that your company's business forms have the clean, efficient look of our new graphic system. If any questions are raised by these guidelines, please direct them to your company Graphics Coordinator.





